



**Canadian Natural**

# Gas Migration Inspection

Unique Well Identifier	Well Name	Surface Location	License #	Date

**Inspection Number:**

**Prepared For:**

Contact:

First Last

Phone #:

Well Status:

AFE/PO #:

Location:

Drill Type:

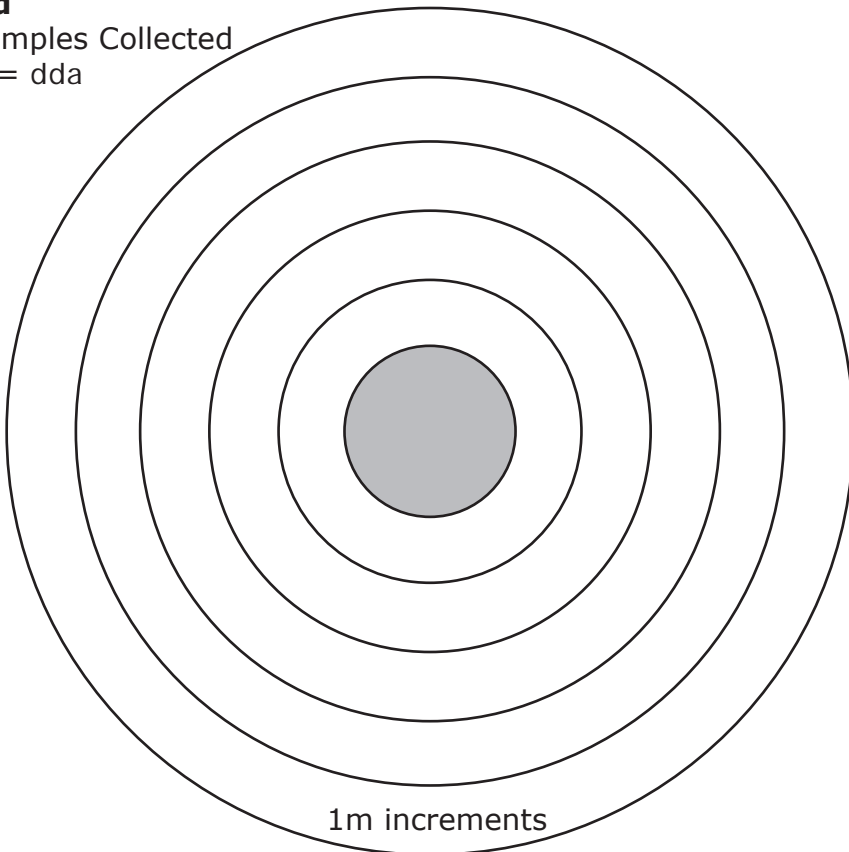
Test Points/Values:

**Legend**

() = Samples Collected  
values = dda

Prepared by:

Signature:



Pressures		
Prod Tbg		kPa
Prod Csg		kPa
Inter Csg		kPa

Gas Migration:

Present Absent  
Inconclusive

Photos:

Vegetation Stress?

Yes No

Evidence of Spills?

Yes No

Details:

Description (fluid, source, cause):

Comments/Recommendations:

(Position and number of test points are subject to the proximity of buried utilities, surface installations and conditions.)



**Canadian Natural**

# Surface Casing Vent Flow Testing

Unique Well Identifier	Well Name	Surface Location	License #	Date

**Inspection Number:**

**Prepared For:**

Contact:

Phone #:

First

Last

Vent Flow Exists?

Test Type:

Yes No Inconclusive

Type of Flow:

Flow Rate:

M3/D

<b>Pressures</b>	
Prod Tbg	kPa
Prod Csg	kPa
Inter Csg	kPa

Prod Tbg	kPa
Prod Csg	kPa
Inter Csg	kPa

If H<sub>2</sub>O:

Fresh Produced

If Gas or Oil Flow:

Sweet Sour Serious Non-serious

<b>Pressure Buildup Data:</b>			
Day 1	kPa	Duration	HRS
Day 2	kPa	Duration	HRS
Day 3	kPa	Duration	HRS
Day 4	kPa	Duration	HRS
Day 5	kPa	Duration	HRS
Day 6	kPa	Duration	HRS
Day 7	kPa	Duration	HRS
Day 8	kPa	Duration	HRS
Day 9	kPa	Duration	HRS
Day 10	kPa	Duration	HRS
Stabilized Pressure:		kPa	Total Duration: HRS

Day 1	kPa	Duration	HRS
Day 2	kPa	Duration	HRS
Day 3	kPa	Duration	HRS
Day 4	kPa	Duration	HRS
Day 5	kPa	Duration	HRS
Day 6	kPa	Duration	HRS
Day 7	kPa	Duration	HRS
Day 8	kPa	Duration	HRS
Day 9	kPa	Duration	HRS
Day 10	kPa	Duration	HRS
Stabilized Pressure:		kPa	Total Duration: HRS

Comments:

Tested By:

Signature



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## **GM/SCVF Inspection - Photos and Well Info.**

Unique Well Identifier	Well Name	Surface Location	License #	Date



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## **GM/SCVF Inspection - Photos and Well Info.**

Unique Well Identifier	Well Name	Surface Location	License #	Date